



128613
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|---|---|----------------------|
| Applicant: Richard Scott Bourgeois | : | |
| | : | Art Unit: Unassigned |
| Serial No.: 10/665,942 | : | |
| | : | Examiner: Unassigned |
| Filed: September 18, 2003 | : | |
| | : | |
| For: METHODS AND SYSTEMS FOR ASSEMBLING | : | |
| SOLID OXIDE FUEL CELLS | : | |

PRELIMINARY AMENDMENT

Mail Stop NON-FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please enter the following amendment prior to examination of the present application.

12/17/03



PATENT
Attorney Docket No.: 128613

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard Scott Bourgeois

Serial No.: 10/665,942

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For: METHODS AND SYSTEMS FOR
ASSEMBLING SOLID OXIDE FUEL CELLS

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: Group No.: Unassigned
:
: Examiner: Unassigned
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:
:

Mail Stop NON-FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pages); Preliminary Amendment (9 pages); Postcard

STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS**

Express Mail No. EL977925695US
Date: December 16, 2003

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop NON-FEE AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Robert B. Reeser, III, Reg. No. 45,548

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) |
|---------------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> first month | \$ 110.00 | \$ 55.00 |
| <input type="checkbox"/> second month | \$ 420.00 | \$ 210.00 |
| <input type="checkbox"/> third month | \$ 950.00 | \$ 475.00 |
| <input type="checkbox"/> fourth month | \$1,480.00 | \$ 740.00 |
| <input type="checkbox"/> fifth month | \$2,010.00 | \$1,005.00 |

Fee Due \$

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) | SMALL ENTITY | | OTHER THAN SMALL ENTITY |
|--------|---|-------|---------------------------------------|------------------|----------------------------|----|----------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | ADDITIONAL RATE FEE | OR | ADDITIONAL RATE FEE |
| TOTAL | | MINUS | | = | x \$9 = \$ | | x \$18 = \$ |
| INDEP. | | MINUS | | = | x \$43 = \$ | | x \$86 = \$ |
| — | FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | + \$145 = \$ | | + \$290 = \$ |
| | | | | | TOTAL ADDITIONAL FEE \$ | OR | TOTAL ADDITIONAL FEE \$ |

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

FEE PAYMENT

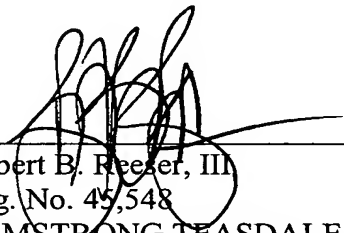
5. Attached is a check in the sum of \$_____
- ☐ Charge Deposit Account No. 01-2384 the sum of \$_____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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